



**City of Miami Gardens
in conjunction with the
Office of Emergency Management
*Community Emergency Response Team
(CERT) Training***

SAVE THE DATES

The City of Miami Gardens is planning our next Community Emergency Response Team (CERT) Training. CERT training equips you, our private citizens, with the basic skills you need to respond to your community's immediate needs in the aftermath of a disaster when emergency services are not immediately available

CERT training is 20-hours comprised of three sessions:

Session 1:	Saturday · June 17, 2006	· 8:30 AM – 4:30 PM	· City Hall
Session 2:	Sunday · June 18, 2006	· 1:00 PM – 5:00 PM	· City Hall
Session 3:	Saturday · June 24, 2006	· 8:30 AM – 4:30 PM	· USAR Training Facility

Registration Begins Thursday, June 1, 2006

With hurricane season beginning,
now is a very good time for you to take advantage of CERT training.

SAVE THE DATES

Registration Begins Thursday, June 1, 2006

For information, call 305-622-8000 Ext. 2262 · or Visit www.miamigardens-fl.gov.



OFFICE OF EMERGENCY MANAGEMENT
COMMUNITY EMERGENCY RESPONSE TEAM REGISTRATION FORM

Please type or print clearly

Personal Information:

Mr. ☐
Mrs. ☐ First Name Last Name
Ms. ☐
Home Address
City State Zip Municipality
Date of Birth
Occupation
Employer

Contact Information:

Daytime - ext: Evenings - ext:
Fax - Pager - Cell -
E-Mail Address
SS# - (OR) Driver's License #

Education Information:

Have you completed a CPR course? Yes ☐ No ☐
Month, Day, Year completed
Are you a CPR Instructor? Yes ☐ No ☐
Month, Day, Year completed

Class Information: Please specify the training dates you wish to attend.

Basic Course One
Basic Course Two
Fire Suppression/
Search & Rescue

REMEMBER

Classes must be taken in proper sequence;
first: Basic Course One
next: Basic Course Two
last: Hands on component (search & rescue
and fire suppression) must be completed within
30 days of session one



Miami-Dade County Community Emergency Response Team Program

INFORMED CONSENT, WAIVER AND RELEASE AGREEMENT

The undersigned, being at least eighteen years of age, and in consideration for acceptance, approval and participation in the Community Emergency Response Team (CERT) Program, sponsored by Miami-Dade County, do hereby agree to this waiver and release.

I recognize that the Community Emergency Response Team (CERT) Program will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in the program, including, but not limited to, transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care, (e.g. controlling bleeding, treating shock, treating sprains and fractures, opening airways, transporting patients, etc.) performing light search and rescue activities (e.g. cribbing and leveraging, victim extrication transportation, etc.) and other similar activities.

I recognize that these program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known heart, or other serious health problems that could prevent me from participating in any of the activities associated with this program. I further state that I am sufficiently physically fit to participate in the activities of this program.

I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for an illness or injury. I certify that if I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care that I receive. I agree to release Miami-Dade County, its agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff from any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees from the cost of any medical care that I receive while participating in this program or as a result of it.

I further agree to release Miami-Dade County, its agencies, departments, officers, employees, agents, (entity and persons as appropriate) and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with the aforementioned activities.

I further agree to hold harmless, and hereby release the above mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns from or in any way connected with the aforementioned activities.

CONSENT

Consent is expressly given, in the event of injury, for any emergency medical aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I understand that it will be used and disclosed for CERT purposes or to any party with legal and proper interest, and I release the Miami-Dade County CERT program from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a CERT volunteer. I will read the Miami-Dade CERT Code of Conduct and agree to comply with that code. I carefully read and understand the contents of the foregoing language and I specifically intend it to cover any participation in the community emergency response team program sponsored miami-dade county.

NAME _____ DATE _____

SIGNATURE _____

Notary Signature _____ Date _____